



## Town of West Tisbury

### Procedure / Checklist for obtaining a Building Permit

**Please Note:** The Seventh edition of the building Code is now in effect and requires the following with your permit application:

- \_\_\_ 1. A Plot Plan prepared by a Massachusetts licensed Engineer or Surveyor showing the boundary markers and the location of all structures, existing and proposed, with distances to property lines shown.
- \_\_\_ 2. Foundation plan and details (as necessary) (2 copies)
- \_\_\_ 3. Floor plans (including basement and attic levels, if applicable); floor plans shall include the location of all required fire protection systems and heating systems storage areas. (2 copies)
- \_\_\_ 4. Exterior building elevations (2 copies)
- \_\_\_ 5. Framing plans and/or building section(s) adequately depicting structural systems (2 copies)
- \_\_\_ 6. Schedules, legends and/or details adequately depicting doors, windows and related material installations
- \_\_\_ 7. Energy conservation information. (780 CMR 61.00)

**Also required:**

- \_\_\_ A workers compensation insurance affidavit and a) a copy of the policy's declaration page showing the policy number and expiration date or b) a certificate of insurance.
- \_\_\_ A completed assessor's form (three pages) with the required plan/sketch. (A third set of plans may be substituted for the plan/sketch)

**Please answer the following Questions:**

- Yes \_\_\_ No \_\_\_ Has the Board of Health approved your plans? Required for any construction with new or increased septic flow. Consult the Board of Health for submission requirements. (696-0105)
- Yes \_\_\_ No \_\_\_ Is the property within the Historic District? If so consult the Historic District Commission (Sean Conley, Chairman. 693-6677)
- Yes \_\_\_ No \_\_\_ Is the building a single family residence larger than 3000 sq.ft.? If so your plans will be referred to the Planning Board for Review (696-0149)
- Yes \_\_\_ No \_\_\_ Is the property within a District of Critical Planning Concern (DCPC)?
- Yes \_\_\_ No \_\_\_ Is the proposed building a Development of Regional Impact (DRI)?
- Yes \_\_\_ No \_\_\_ Are the property bounds set (Required)
- Yes \_\_\_ No \_\_\_ Is the building within 100 feet of a wetland or 200 feet of a stream or brook? If so consult the Conservation Commission (696-6404). **Be advised, It is illegal to cut trees, limbs or brush within 100 feet of a wetland or pond, or within 200 feet of a stream. It is also illegal to fill, excavate or alter the land, water levels, or vegetation in wetlands, streams or ponds, regardless of ownership, without first contacting the Conservation Commission for pre-approval.**

**Please Note!**

Your property may be subject to **M.E.S.A.** (Massachusetts Endangered Species Act) regulations, if so you will need to apply to the Division of Fisheries and Wildlife (508-792-7270) Maps are viewable on-line at [www.nhsep.org](http://www.nhsep.org) or at the Building Department to assist you in this determination.

**Your Map & Lot number and /or Street Address must be posted at the entrance to your property.**

**The Building Permit must be posted on site at all times.**

After a permit is issued, work must start within six months. A completed and inspected foundation is considered a start. If the permitted work is not started within six months the permit will expire.

Separate Electric, Plumbing and Gas permits are required and applications are available at the Town Hall Annex, and must be obtained by the licensed professional before work is begun.

Electric, Plumbing and Gas inspections are scheduled through the Building Department (696-0103)

Smoke and CO detectors must be code compliant and inspected by the Fire Chief. (693-3287)

**Certificate of Occupancy / Use :** Before a building is occupied or used, a Certificate of Occupancy/Use **must** be obtained. All required final inspections must have been performed, and the inspectors must have signed the Building Permit Card before the Certificate of Occupancy/Use will be issued.

Contact the Inspector of Buildings with any Questions at 508-696-0113 or at [inspect@westtisbury-ma.gov](mailto:inspect@westtisbury-ma.gov)

These forms are available on line at <http://www.westtisbury-ma.gov/>

Any unanswered questions or missing items will delay the processing of your application.

I have read and understand the information provided on these forms and attest that the answers provided are true and correct to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return this signed form with your application.



The Commonwealth of Massachusetts  
Board of Building Regulations and Standards  
Massachusetts State Building Code, 7<sup>th</sup> edition

Building Permit Application To Construct, Repair, Renovate Or Demolish a  
*One- or Two-Family Dwelling*

FOR  
MUNICIPALITY  
USE  
Revised January  
1, 2008

This Section For Official Use Only

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Signature: \_\_\_\_\_  
Building Commissioner/ Inspector of Buildings Date

SECTION 1: SITE INFORMATION

1.1 Property Address:

1.1a Is this an accepted street? yes \_\_\_\_\_ no \_\_\_\_\_

1.2 Assessors Map & Parcel Numbers

Map Number \_\_\_\_\_ Parcel Number \_\_\_\_\_

1.3 Zoning Information:

Zoning District \_\_\_\_\_ Proposed Use \_\_\_\_\_

1.4 Property Dimensions:

Lot Area (sq ft) \_\_\_\_\_ Frontage (ft) \_\_\_\_\_

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply: (M.G.L c. 40, § 54)

Public ☐ Private ☐

1.7 Flood Zone Information:

Zone: \_\_\_\_\_ Outside Flood Zone?  
Check if yes ☐

1.8 Sewage Disposal System:

Municipal ☐ On site disposal system ☐

SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>

2.1 Owner<sup>1</sup> of Record:

Name (Print) \_\_\_\_\_ Address for Service: \_\_\_\_\_

Signature \_\_\_\_\_ Telephone \_\_\_\_\_

SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)

New Construction ☐ Existing Building ☐ Owner-Occupied ☐ Repairs(s) ☐ Alteration(s) ☐ Addition ☐  
Demolition ☐ Accessory Bldg. ☐ Number of Units \_\_\_\_\_ Other ☐ Specify: \_\_\_\_\_

Brief Description of Proposed Work<sup>2</sup>: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

See note 3 on the following page

**SECTION 5: CONSTRUCTION SERVICES****5.1 Licensed Construction Supervisor (CSL)**

Name of CSL- Holder \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_

License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

List CSL Type (see below) \_\_\_\_\_

Type	Description
U	Unrestricted (up to 35,000 Cu. Ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry Only
RC	Residential Roofing Covering
WS	Residential Window and Siding
SF	Residential Solid Fuel Burning Appliance Installation
D	Residential Demolition

**5.2 Registered Home Improvement Contractor (HIC)**

HIC Company Name or HIC Registrant Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_

Registration Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

**SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))**

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit Attached? Yes ..... ☐ No ..... ☐**SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

I, \_\_\_\_\_, as Owner of the subject property hereby authorize \_\_\_\_\_ to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner \_\_\_\_\_

Date \_\_\_\_\_

**SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION**

I, \_\_\_\_\_, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

Print Name \_\_\_\_\_

Signature of Owner or Authorized Agent \_\_\_\_\_

(Signed under the pains and penalties of perjury)

Date \_\_\_\_\_

**NOTES:**

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

2. When substantial work is planned, provide the information below:

Total floors area (Sq. Ft.) \_\_\_\_\_ (including garage, finished basement/attics, decks or porch)

Gross living area (Sq. Ft.) \_\_\_\_\_

Number of fireplaces \_\_\_\_\_

Number of bathrooms \_\_\_\_\_

Type of heating system \_\_\_\_\_

Type of cooling system \_\_\_\_\_

Habitable room count \_\_\_\_\_

Number of bedrooms \_\_\_\_\_

Number of half/baths \_\_\_\_\_

Number of decks/ porches \_\_\_\_\_

Enclosed \_\_\_\_\_ Open \_\_\_\_\_

3. "Total Project Square Footage" may be substituted for "Total Project Cost"

# PLOT PLAN

FOR LOT # \_\_\_\_\_

Indicate location of garage or accessory building.

Additions with dashed lines -----

Sewerage disposal (cesspool) ⊕

Well ☒

Abuttor's  
Name

Lot #

If this is a  
corner lot,  
write in  
name of  
other street.

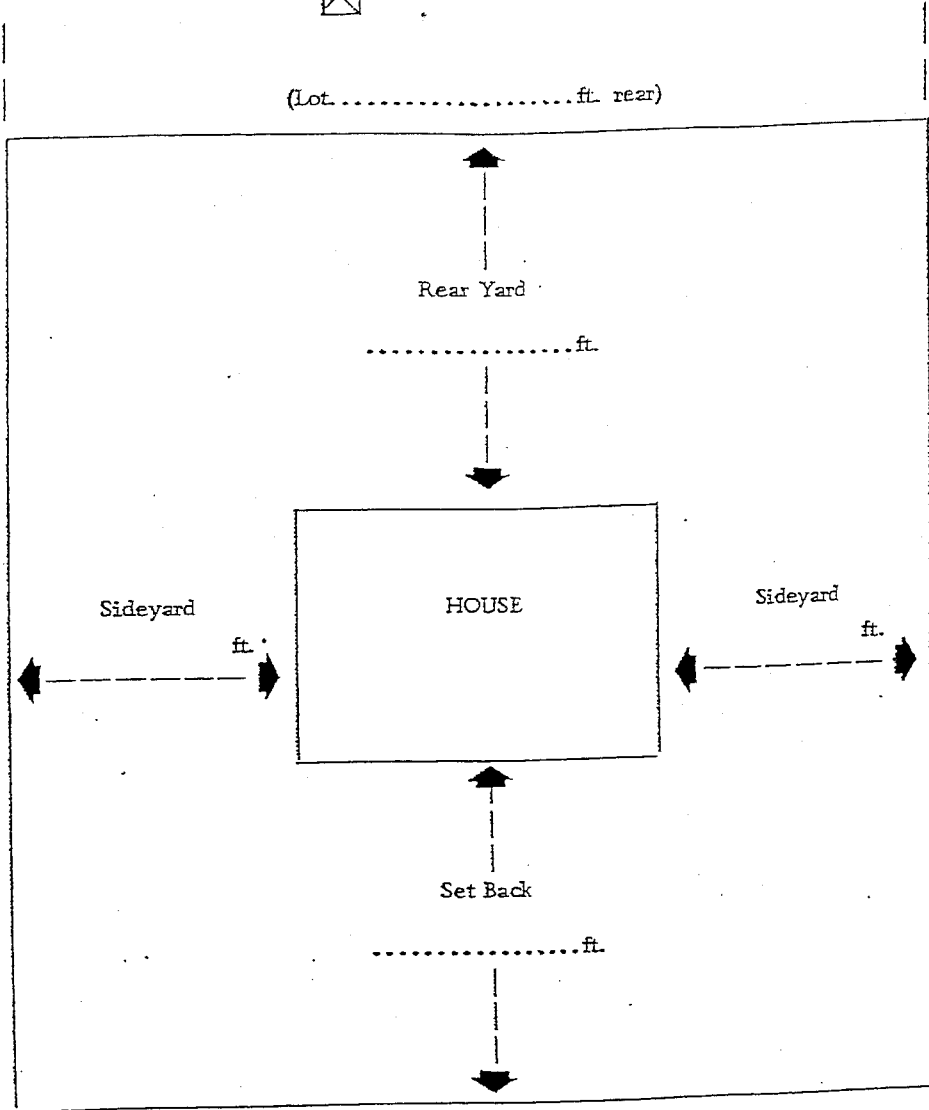
Abuttor's  
Name

Lot #

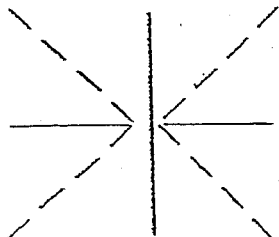
If this is a  
corner lot,  
write in  
name of  
other street.

(Lot.....ft. deep)

(Lot.....ft. deep)



(Lot.....ft. frontage)



Mark North Point

(Name of street)

Information  
Supplied by \_\_\_\_\_

## Town of West Tisbury

### Building Permit Fees

Dwellings/Guest Houses up to 1500 sq. ft.	\$400
Dwellings over 1500 sq. ft.	\$400 base price plus .20 (cents) per sq. ft. for the area over 1500 sq. ft.
Residential Additions up to 1000 sq. ft.	\$250
Residential Additions over 1000 sq. ft.	\$250 base price plus .20 (cents) per sq. ft. for the area over 1000 sq. ft.
Residential Alterations within existing footprint	\$150
Barn/Studio/Garage with unfinished interior	\$175
Barn/Studio/Garage with finished interior	\$175 base price plus .20 (cents) per sq. ft. of finished area
Minor Work Permit; Roofing, Siding, Insulation or Window Replacement	\$100
Demolition	\$100
Tennis Court	\$100
Wood Stove	\$100
Swimming Pool	\$100
Shed	\$50
Sign Permit	\$50
Commercial Building	\$500 Plus .20 (cents) per sq.ft. over 1500 sq.ft.
Commercial Additions	\$300 Plus .20 (cents) per sq.ft. over 1000 sq.ft.
Smoke Detector Inspection	\$50
<b>Note:</b> Smoke detector inspections are Included in the fees for Dwellings and Guest Houses above	

### Other Permit Fees

<b>Electric Permit</b>	\$50 + \$50 for each required inspection
<b>Gas Permit</b>	\$50 + \$50 for each required inspection
<b>Plumbing Permit</b>	\$50 + \$50 for each required inspection

**Note:** There is a separate Fire Department Permit required for propane tanks

### Please Note!

**Re-inspections after a failed or incomplete inspection will be subject to a \$50 re-inspection fee**

**Failure to post Map & Lot or Street number signs is cause for a failed inspection**

**Non emergency work commenced without a Permit will cause the permit fee to be doubled**

**Effective July 1, 2010**

Applicant Name: \_\_\_\_\_ Site Address: \_\_\_\_\_  
*print* \_\_\_\_\_ Town: \_\_\_\_\_  
 Applicant Phone: \_\_\_\_\_  
 Applicant Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_

<b>ADDITIONS OR ALTERATIONS TO EXISTING BUILDINGS OVER 5 YEARS OLD*</b>						
*Buildings under 5 years old must use option #1 or #2 in New Construction section above.						
Complete the following formula to determine the % of glazing:						
(a) Gross Wall & Ceiling Area equals _____ SF	Formula: $(100 \times b \div a)$  $100 \times \frac{\quad}{b} \div \frac{\quad}{a} = \quad \% \text{ of glazing}$					
(b) Glazing area equals _____ SF						
If glazing is $\leq 40\%$ use the chart below.      If glazing is $> 40\%$ proceed to "SUNROOM" section						
<b>780 CMR TABLE 6101.3</b> <b>PRESCRIPTIVE ENVELOPE COMPONENT CRITERIA ADDITIONS TO EXISTING LOW-RISE RESIDENTIAL BUILDINGS</b>						
<input type="checkbox"/>	MAXIMUM	MINIMUM				
	Fenestration U-factor	Ceiling and Exposed floors R-Value	Wall R-Value	Floor R-value	Basement Wall R-Value	Slab Perimeter R-Value and Depth
	.39	R-37 a	R-13	R-19	R-10	R-10, 4 feet
a	R-30 ceiling insulation may be used in place of R-37 if the insulation achieves the full R-value over the entire ceiling area (i.e. not compressed over exterior walls, and including any access openings).					
<input type="checkbox"/>	SUNROOM – An addition or alteration to an existing building/dwelling unit where the total glazing area of said addition exceeds 40% of the combined gross wall and ceiling area of the addition.  <b>Note: Owner to fill out Consumer Information Form</b> (found in Appendix 120.P)					

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."** Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in \_\_\_\_\_ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

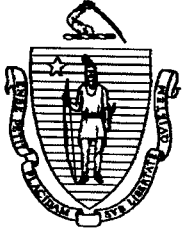
The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
600 Washington Street  
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)





**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**600 Washington Street**  
**Boston, MA 02111**  
**www.mass.gov/dia**

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**  
**Applicant Information** **Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- |   |  |
|---|--|
| <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. ‡ These sub-contractors have workers' comp. insurance.</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|---|--|

**Type of project (required):**

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.***

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

***I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

***Official use only. Do not write in this area, to be completed by city or town official.***

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (circle one):**

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

TOWN OF WEST TISBURY  
BUILDING CONSTRUCTION DATA

BLDG. PMT. # \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

ASSRS MAP&LOT# \_\_\_\_\_

APPL. DATE \_\_\_\_\_ PROPERTY OWNER \_\_\_\_\_

PREV. OWNER IF PURCHASED WITHIN 3 MO. OF APPL. DATE \_\_\_\_\_

\*\*\*\*\*

APPLICATION FOR:

NEW: dwelling\_\_\_ sub-dwelling\_\_\_ garage\_\_\_ barn\_\_\_ shed\_\_\_ commercial bldg.\_\_\_\_\_  
other \_\_\_\_\_

ADDIT./RENOVATION: dwelling\_\_\_ sub-dwell.\_\_\_\_ garage\_\_\_ barn\_\_\_ shed\_\_\_ commercial bldg.\_\_\_\_\_  
other \_\_\_\_\_

ESTIMATED CONSTRUCTION COST \_\_\_\_\_

\*\*\*\*\*

BUILDING STYLE

cape\_\_\_ saltbox\_\_\_ colonial\_\_\_ gambrel\_\_\_ ranch\_\_\_ raised ranch\_\_\_ modern\_\_\_  
split level\_\_\_ bungalow\_\_\_ conventional\_\_\_ duplex\_\_\_ camp/cabin\_\_\_ other: \_\_\_\_\_

pool (give type & size): vinyl inground\_\_\_ gunite\_\_\_ concrete\_\_\_ vinyl above ground\_\_\_  
size \_\_\_\_\_ ? heated: Yes\_\_\_ No\_\_\_

tennis court (give type & size): asphalt\_\_\_ other: \_\_\_\_\_ size \_\_\_\_\_

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STRUCTURAL DATA

Foundation Type: basement\_\_\_ crawl space\_\_\_ slab\_\_\_ piers\_\_\_ other \_\_\_\_\_

Foundation Material: poured concrete\_\_\_ concrete block\_\_\_ other \_\_\_\_\_

Exterior Walls:

single siding\_\_\_ board & batten\_\_\_ asbestos shingle\_\_\_ wood shingle\_\_\_ logs\_\_\_ clapboard\_\_\_  
vertical cedar\_\_\_ prefab panel (T-111)\_\_\_ concrete block\_\_\_ stucco\_\_\_ asphalt siding\_\_\_  
brick veneer on wood\_\_\_ brick on masonry\_\_\_ stone on masonry\_\_\_ vinyl siding\_\_\_ alum. siding\_\_\_  
other (describe) \_\_\_\_\_

Roof Style:

flat\_\_\_ shed\_\_\_ gable/hip\_\_\_ saltbox\_\_\_ gambrel\_\_\_ mansard\_\_\_  
irregular (not same rise per foot throughout)\_\_\_ other \_\_\_\_\_

Roof Cover:

asphalt shingles\_\_\_ wood shingles\_\_\_ asbestos shingles (rigid)\_\_\_ clay/spanish tile\_\_\_ slate\_\_\_  
rolled composition\_\_\_ corrugated metal\_\_\_ corrugated asbestos\_\_\_ other \_\_\_\_\_

Interior Walls:

minimum/no finish\_\_ masonry\_\_ plaster on lath\_\_ sheetrock/drywall\_\_  
plywood panel\_\_ custom wood panel\_\_  
other (describe)\_\_\_\_\_

Floor Coverings:

finished concrete\_\_ vinyl sheet\_\_ vinyl tile\_\_ ceramic tile\_\_ plywood\_\_ pine/softwood\_\_  
hardwood\_\_ parquet\_\_ wall-to-wall carpet\_\_ slate\_\_ marble\_\_  
other (describe)\_\_\_\_\_

Heating System:

Fuel: wood/coal\_\_ kero\_\_ oil\_\_ propane\_\_ electric\_\_ solar\_\_ other\_\_\_\_\_  
Type: wood/coal stove\_\_ kero/gas stove\_\_ forced air/non-ducted\_\_ forced air/ducted\_\_  
hot water baseboard\_\_ electric baseboard\_\_ radiant elec. panel\_\_  
other (describe)\_\_\_\_\_

Air Conditioning: none\_\_ heat pump\_\_ central\_\_ wall units\_\_

**OTHER DATA (PLEASE FILL IN FOR COMPLETED NEW BUILDING. IF PERMIT IS FOR AN ADDITION/RENOVATION, PLEASE FILL IN FOR BUILDING AFTER ADDITION/RENOVATION.)**

# of bedrooms\_\_ # of baths\_\_ total # rooms in bldg.\_\_\_\_\_  
# of stories\_\_ # of fireplaces\_\_ # chimneys\_\_ #flue for woodstove\_\_  
heating system: fuel\_\_ type\_\_\_\_\_  
aprox. # sq. ft. living area per floor\_\_\_\_\_  
? finished area in basement (size)\_\_\_\_\_  
? finished area in attic (size)\_\_\_\_\_  
? attached garage\_\_ ? other significant features\_\_\_\_\_  
actual year built of original house (for permits for additions/renovations)\_\_\_\_\_

#####  
**COMMERCIAL BUILDINGS ONLY - ADDITIONAL DATA**

Heating/Air Conditioning: packaged\_\_ split\_\_ none\_\_

Structural Frame: none\_\_ wood\_\_ masonry\_\_ steel\_\_ fireproof steel\_\_ reinforced concrete\_\_  
other (describe)\_\_\_\_\_

Ceilings & Walls:

suspended\_\_ not suspended\_\_  
ceiling only finished\_\_ ceiling with minimum wall\_\_ ceiling & wall finished\_\_

Other Data:

# rooms per floor\_\_ % of common wall\_\_ wall height\_\_ total # restrooms\_\_

If residential units (such as apartment building or motel):

# baths per unit\_\_ # bedrooms per unit\_\_ # units\_\_

[illegible]